

INSTRUCTIONS: REQUEST TO STOP OR CHANGE ORDER OF ASSIGNMENT

This Request can be completed by the Person paying support (the Obligor) OR the person receiving support (the Oblige).

DEFINITIONS:

“Obligee” is the person or agency entitled to receive support payments.

“Obligor” is the person ordered to make support payments.

COMPLETE THIS FORM IF:

- ☐ An **Order of Assignment** has been ordered in Coconino County, AND
- ☐ You want **to stop or modify** the order, AND
- ☐ Any one of the conditions listed in Item 6 or 7 on the form applies to you.

TO COMPLETE THIS FORM YOU WILL NEED:

- ☐ The date the Order of Assignment was signed. If you do not know this date, you can find it on the original Order of Assignment maintained in the court file.
- ☐ The filing fee. To find the filing fee, see the Self-Help Center packet, *Superior Court Filing Fees*, or call the Clerk’s Office at 928-779-6535. There may be additional fees, including an appearance fee if this is the first time you or your attorney has appeared in this case. If you cannot pay these fees, you may request that the fees be deferred or waived (see the Self-Help Center packet, *Filing Fee Waiver or Deferral*, for forms and instructions).

HOW TO COMPLETE THIS FORM:

- ☐ Type or print neatly using **black** ink.
- ☐ Follow the instructions given below. Match each numbered step in the instructions with the item on the attached form that has the same number.

NUMBER INSTRUCTION

- 1** Enter the name, address, and telephone number of the person filing the form. An attorney who is filing the Request must also list the name of the person represented and the attorney’s State Bar Number. Enter the ATLAS number, if known.
- 2** Enter the name of the person shown as the Petitioner on the **Order of Assignment**.
- 3** Enter the name of the person shown as the Respondent on the **Order of Assignment**.

4 Enter the case number that appears on the **Order of Assignment**.

5 Enter your name.

Be sure to type or write on the blank line in Section 6 or 7 the date on which the Order of Assignment was signed. If appropriate, complete any additional blanks, and attach documentation as needed.

6 Complete **this section if you want to change** the Order of Assignment. Mark the box or boxes that best explain(s) why you think the order should be changed.

7 Complete **this section if you want to stop** the Order of Assignment. Mark the box or boxes that best explain(s) why you think the order should be stopped.

8 Mark this box if the Order of Assignment is an *ex parte* order or an administrative withholding order that was served on you within the last 10 days, and you wish to request a hearing. An *ex parte* order is an order that was signed by a judicial officer before you were given notice of the hearing.

9 You may mark one of these boxes if your Order of Assignment is for child support.

10 You may mark one of these boxes if your Order of Assignment is for spousal support (maintenance).

11&12 Date and sign your name before a **Notary Public or Deputy Clerk**. By signing your name, you are stating under oath that the contents of this Request are true and correct to the best of your knowledge.

FILE THE PAPERS WITH THE CLERK OF THE COURT: When you have completed the Request to Stop or Adjust the Order of Assignment, take the form and two copies to the Clerk of the Court. A Deputy Clerk will verify your signature and date and sign the Request at the bottom if you bring picture identification and have not already signed the form and/or had the form notarized. Then follow the INSTRUCTIONS: SERVING COURT PAPERS ON THE OTHER PARTY in this packet to serve a copy of the Request to Stop or Change Order of Assignment on the other party.

NOTICE OF HEARING: If a hearing has been requested in section 7, the Court or Deputy Clerk will complete the date, time, and place of hearing and sign the Notice of Hearing.